

# Stockton Youth Advisory Commission

## 2004-2006 Application

The Youth Advisory Commission is to be a 'window' to the youth and teen community in Stockton by advising the City Council on matters of concern.

The Youth Advisory Commission may recommend programs and events providing positive activities through socialization, education, personal development, recreational activities, support services, career and job counseling, health care and basic survival skills.

Application deadline: April 15, 2004  
Call 937-8307 for more information



DEPARTMENT OF PARKS AND RECREATION  
CITY HALL ANNEX • 6 East Lindsay Street • Stockton, CA 95202-1997  
[www.stocktongov.com](http://www.stocktongov.com)

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January 28, 2004

### **YOUTH ADVISORY COMMISSION APPLICATION**

The City of Stockton invites you to apply for the Youth Advisory Commission (YAC). We are looking for energetic and enthusiastic teens that want to make a difference tackling issues and planning programs for teens in Stockton. As a representative of all teens within the Stockton community, the City Council, governing bodies and community groups will be asking for your opinions, ideas and assistance.

YAC consists of 18 to 28 members that represent all area high schools and many youth organizations throughout the urban area of the City of Stockton. You must be between the ages of 14 - 19 during your commission term. Each year the commission has a minimum of 13 commissioners serving two-year terms and six commissioners serving a one-year term. Three commissioners are appointed by the Stockton City Council and another three are appointed by community centers.

The Youth Advisory Commission has a similar status to the Parks & Recreation Commission or other City Council-appointed bodies. Commissioner views and suggestions are given utmost consideration by the City Council, governing bodies and community groups. As a youth commissioner, you and your peers will be discussing issues of importance and relevance to all teens in our community. Making a positive difference is a paramount goal of YAC.

Apply now by completing this application. The selection process will be based on: 1) Your application booklet: the clarity and appropriateness of your comments, the completed schedule, and how you see your future involvement with the Commission; 2) Two letters of recommendation; and 3) An oral group interview during the first week of May (applicants will be notified by mail).

Terms begin in June and end in May. Vacancies may occur during the year. If you are not selected, your application will stay on file for two years and you may be appointed if a vacancy occurs during the 2004-2006 term. As a Commissioner, your main duties and responsibilities will be to visibly and positively represent the youth and teens of the City of Stockton. You must attend regularly scheduled meetings held on the 1<sup>st</sup> Thursday of each month from 6 to 8 p.m. and other scheduled, special meetings.

Please contact YAC Advisor Pennie Ruffin at (209) 937-8307 if you need more information.

/s/ JOHNNY FORD, DEPUTY CITY MANAGER  
CITY OF STOCKTON

**CITY OF STOCKTON  
YOUTH ADVISORY COMMISSION  
2004-2006**

TO APPLY FOR AN UPCOMING OPENING ON THE STOCKTON YOUTH ADVISORY COMMISSION, PLEASE COMPLETE THE FOLLOWING APPLICATION AND RETURN NO LATER THAN APRIL 15, 2004 TO: CITY OF STOCKTON PARKS AND RECREATION DEPARTMENT, ATTN: YOUTH ADVISORY COMMISSION, 6 E. LINDSAY, STOCKTON, CA, 95202.  
FEEL FREE TO USE ADDITIONAL PAPER, IF NEEDED.

**\_\_\_PLEASE PRINT OR TYPE\_\_\_**

**I WILL BE REPRESENTING:**

High School \_\_\_\_\_ At-large: \_\_\_\_\_  
Name of organization \_\_\_\_\_

NAME:

\_\_\_\_\_  
Last First Middle Initial

ADDRESS:

\_\_\_\_\_  
Street Apt. No. City State Zip Code

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL. PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Age: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Next Year's School: \_\_\_\_\_

**PARENTAL CONSENT / PHOTO RELEASE**

As the parent/guardian of a Youth Advisory Commission Member, I hereby certify that all statements made in this application are true. I acknowledge that any false statements or misrepresentation on this application may be cause for refusal of placement or immediate dismissal at any time during the period of placement. I agree to authorize the City of Stockton to utilize any photograph or video images of my child in brochures, flyers, displays or other promotion purposes without any compensation from the City. I further hereby consent to allow my child to participate on a voluntary basis for the City of Stockton. I understand that, if appointed, my child must adhere to the responsibilities of this position as stated in the Youth Advisory Commission Mission Statement and By-Laws. I hold the City of Stockton, its agents or employees free and harmless from any and all liability, injury or damage which may occur as a result of my child voluntarily engaging in activities of the Youth Advisory Commission

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

⚙⚙⚙ PLEASE USE ADDITIONAL PAPER IF NEEDED ⚙⚙⚙

1. Please select one of the following:

\_\_\_\_\_ I am applying for a two-year term.

\_\_\_\_\_ I will be a senior next year, so I am requesting a one-year term.

2. List all of your activities within your school and community in which you have been involved, along with the number of years that you have been involved (include sports):

<u>Name of Activity:</u>	<u>Years Involved:</u>	<u>Future activities:</u>

3. What qualities, skills and resources would you bring to the Youth Advisory Commission?

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4. Have you participated in committees or on boards before? If so, what were they and what was your role?

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5. What do you see as the role of the Youth Advisory Commission in the community?

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6. What issues or problems do you think the Youth Advisory Commission should work on?

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7. Please tell us about yourself and why you wish to be appointed to the Youth Advisory Commission. (Please use a separate paper, one page maximum).

Please select at least one of the following options and complete, so that we can see what a typical week looks like for you. This will give us a chance to see how much time you spend at school, playing sports or just hanging out.

**OPTION A: “Week-at-a-glance” schedule**

Time/Day	MONDAY	TUESDAY	WEDNES- DAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7-9 a.m.							
10 a.m.- 12 p.m.							
1-3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							

**OPTION B:**

From the activities that you listed in question number 2, list them in order of priority and give the estimated amount of time spent on each (include timeframe, i.e., week or month).

**OPTION C:**

In a creative way, articulate your own “week-at-a-glance.”